

PART B - FEE(S) TRANSMITTAL

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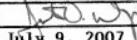
24197 7590 07/03/2007

KLARQUIST SPARKMAN, LLP
121 SW SALMON STREET
SUITE 1600
PORTLAND, OR 97204

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Justin D. Wagner

(Depositor's name)



(Signature)

July 9, 2007

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/734,910	12/12/2003	Andrew J. Cleveland	7273-70202-01	8887

TITLE OF INVENTION: ACTIVE ARC-SUPPRESSION CIRCUIT, SYSTEM, AND METHOD OF USE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	10/03/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
JACKSON, STEPHEN W	2836	361-200000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Klarquist Sparkman LLP
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122 attached).		2.
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Server Technology, Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Reno, Nevada

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

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Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-4550 (enclose an extra copy of this form).

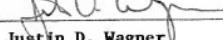
5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature


Justin D. Wagner

Date July 9, 2007

Typed or printed name

Registration No. 54,519

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